FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023135 (3)**

1. Corporation Name

AAABBY AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
656 NW ARCHER AVE PT ST LUCIE FL 34983	656 NW ARCHER AVE PT ST LUCIE FL 34983

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1665 NW Archer Avenue
Suite, Apt. #, etc. 22
City & State
Zip 24 Country 25

2a. Mailing Address
26 1665 NW Archer Avenue
Suite, Apt. #, etc. 27
City & State Port St. Lucie, FL
Zip 29 Country 30

4. FEI Number 65-0556275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOWES, J. ROY
665 NW ARCHER AVENUE
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of Registered Agent and Title, if applicable (Both Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P/S/T	☒ Change ☐ Addition
NAME	HOWES, DOREEN		1.2 NAME	Doreen Howes	
STREET ADDRESS	656 NW ARCHER AVE		1.3 STREET ADDRESS	1665 NW Archer Avenue	
CITY-ST-ZIP	PT ST LUCIE FL 34983		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME			2.2 NAME	J. Roy Howes	
STREET ADDRESS			2.3 STREET ADDRESS	1665 NW Archer Avenue	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	100001755341	
STREET ADDRESS			4.3 STREET ADDRESS	03/25/96--01007--027	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	**200.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3-22

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Doreen Howes & Doreen Howes 3/22/96 407-878-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)